MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS 9 13 4

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

					9 13 4	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

CLAIMS ONLY

CLAIMS — 9/13/4

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*9/13/4	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51					1	
2								52						
3								53						4
4								54						
5								55						4
6								56						
7								57						8
8								58						
9								59						8
10								60						
11								61						4
12						1		62						
13						1		63						8
14						1		64						
15						1		65						
16					1			66						
17						1		67						
18					1			68						
19						3		69						
20					1			70						
21						1		71						
22						1		72						
23					1			73						
24						4		74						
25						4		75						
26						4		76						
27						4		77						
28					1			78						
29					1			79						
30						1		80						
31						4		81						
32						4		82						
33						4		83						
34						4		84						
35						4		85						
36						4		86						
37						4		87						
38						4		88						
39						4		89						
40						4		90						
41						1		91						
42						1		92						
43						4		93						
44						4		94						
45						4		95						
46						4		96						
47						4		97						
48						4		98						
49						4		99						
50						4		100						
TOTAL IND.	↓		↓		7	↓		TOTAL IND.		↓		↓	9	↓
TOTAL DEP.								TOTAL DEP.					117	
TOTAL CLAIMS								TOTAL CLAIMS					126	

MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS